



**PUBLIC PROTECTION CABINET  
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION  
REQUEST TO INSPECT PUBLIC RECORDS  
PURSUANT TO KRS CHAPTER 61**

*Please return this form to: Department of Housing, Buildings and Construction, Attn: Records Custodian,  
101 Sea Hero Road, Suite 100, Frankfort, Kentucky 40601-5412 or fax to 502-573-1057*

Current Date: \_\_\_\_\_

I hereby request to ☐ inspect or ☐ receive copies of the following documents: *(please be specific)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROJECT NAME & ADDRESS: \_\_\_\_\_

Are the requested documents sought for a  
commercial purpose? Yes \_\_\_\_ No \_\_\_\_

Submitted by: \_\_\_\_\_

If yes, please state the commercial  
purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please print name clearly*

*Signature of person requesting records*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

( ) \_\_\_\_\_  
( ) \_\_\_\_\_

**TO BE COMPLETED BY DEPARTMENT PERSONNEL**

**DISPOSITION**

The following disposition of the above request is recommended:

- ☐ Copies of records cannot be made available until approximately \_\_\_\_\_.  
☐ The records are available for inspection and copying 8 a.m. to 4:30 p.m. Monday-Friday.  
☐ The attached records are what we have, as requested.

Total number of written documents: \_\_\_\_\_ @ \_\_\_\_\_

Total number of copies of non-written records: \_\_\_\_\_ @ \_\_\_\_\_

Total cost: \_\_\_\_\_ Cash ☐ Check ☐ Money Order ☐

**APPROVED FOR MAILING:**

Records Custodian \_\_\_\_\_ Date \_\_\_\_\_

Program Manager \_\_\_\_\_ Date \_\_\_\_\_

Section/Division \_\_\_\_\_